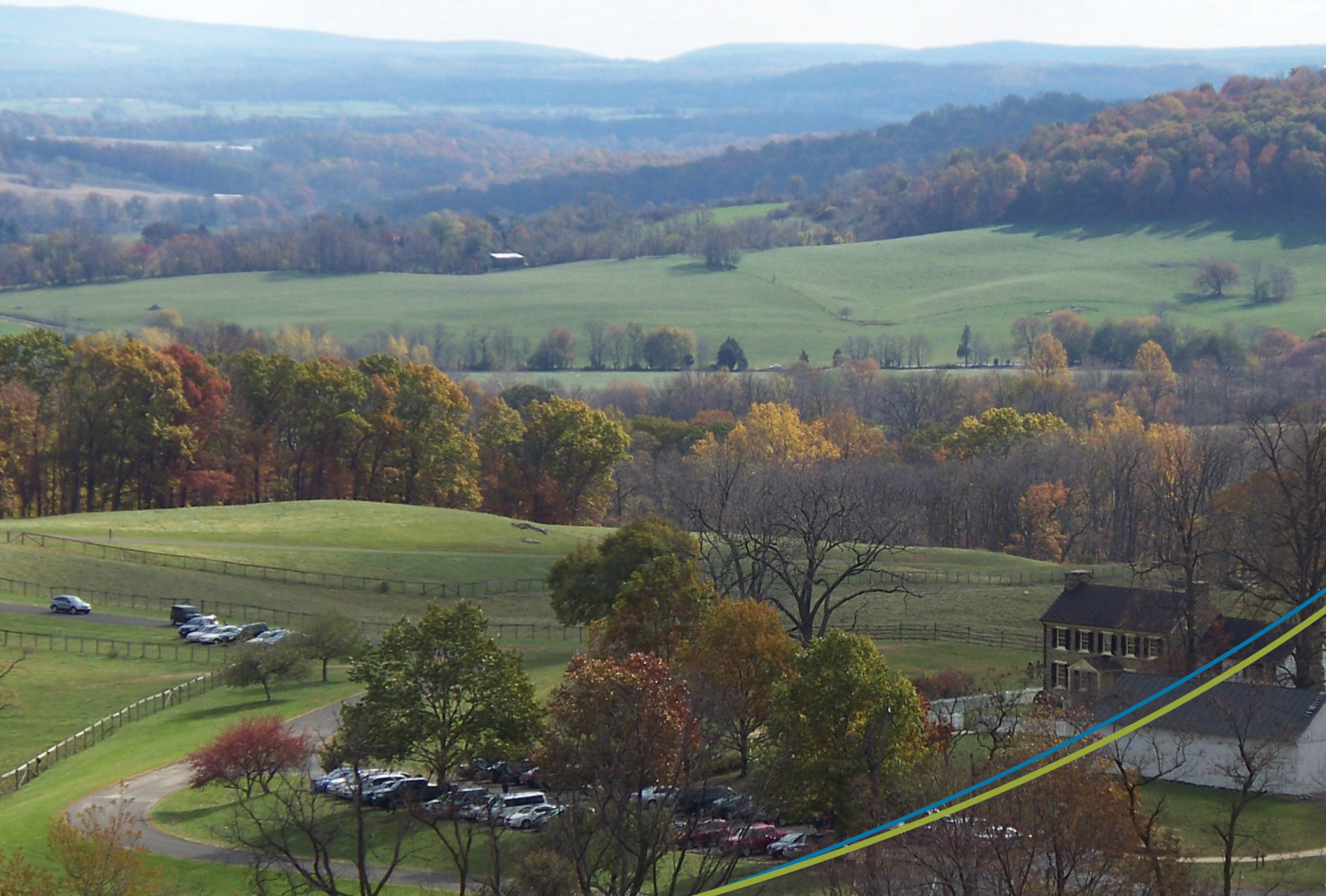
2020-2021

FAUQUIER COUNTY GOVERNMENT

BENEFITS GUIDE



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Medicare Part D—Prescription Drug Information

If you (and/or your dependents) are covered by Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 21 and 22 for more details.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your human resources department.

Benefit	Administrator	Phone	Website/Email
Medical	Anthem BCBS	PPO Plans (800) 451-1527 POS/HMO Plans (800) 421-1800 Lumenos Plans (800) 421-1880	www.anthem.com
Prescription Drug	Anthem BCBS	(833) 262-1729	www.anthem.com
Dental	Delta Dental of Virginia	(800) 237-6060	www.deltadentalva.com
Flexible Spending Account	American Fidelity Assurance Company	Garrick Alden, (877) 518-2337, ext. 749 Erik Bower, (513) 701-3171, ext. 2738	www.Americanfidelity.com
Employee Assistance Program	Anthem	(800) 346-5484	www.anthemEAP.com
Optional Term Life	Securian	(800) 441-2258	www.securian.com
Voluntary Benefits	Aflac	James Edmonds, (888) 364-0060	www.aflac.com/fauquiercounty
Voluntary Benefits	American Fidelity Assurance Company	Garrick Alden, (877) 518-2337, ext. 749 Erik Bower, (513) 701-3171, ext. 2738	www.Americanfidelity.com
Long Term Care	Genworth through Virginia Retirement System (VRS)	(888) 827-3847	www.varetire.org
Retirement	Virginia Retirement System (VRS)	(888) 827-3847	www.varetire.org
Retirement—457b	VOYA	John Brosnahan, (703) 449-2919 Jane Luke, (703) 449-2913	www.voya.com
Human Resources		(540) 422-8300	www.fauquiercounty.gov/human resources

Benefits Overview

The Fauquier County Government is pleased to provide you with this Benefits Guide and other materials outlining our benefits program beginning July 1, 2020 through June 30, 2021. In order to provide our employees with a competitive benefits package, Fauquier County Government works with our consultants at Gallagher. We review programs annually, make modifications that we feel are appropriate, and offer our employees flexibility and choice. Fauquier County Government strives to deliver the highest quality, most cost effective benefit programs to our employees.

Enrollment

Who is Eligible?

Permanent full-time and permanent part-time active employees working at least 20 hours per week are eligible to participate in the medical and dental plans.

Permanent full-time employees are eligible for VRS and VRS group life insurance.

Enrollment Process

During the Open Enrollment period, you make enrollment elections for the upcoming plan year, which runs from July 1st through June 30th. The deadline for open enrollment is Friday, April 24, 2020.

Employees who are hired after the Open Enrollment period, must complete the online enrollment for benefits within 60 days of your hire date.

Why You Need to Enroll

If you do not re-enroll during open enrollment or you miss the deadline after your hire date, you will not be able to take advantage of the coverages offered until annual open enrollment or a qualifying event.

When is Coverage Effective

For those electing coverage during Open Enrollment, coverage will become effective July 1st.

New hires are eligible for medical, pharmacy and dental insurance on the first of the month following your first paycheck.

Benefits Provided to You by Fauquier County Government

Benefit Plan	What Fauquier County Provides to Full-Time Employees
Basic Life insurance	Annual salary rounded to next highest $1,000 then doubled
Accidental Death and Dismemberment	Annual salary rounded to next highest $1,000 then doubled
Bereavement Leave	Up to 4 days paid leave for the death of an immediate family member
Annual Leave	Newly hired full- and part-time employees earn one day each month. Accrues on a pro-rated basis for part-time employees. After five years, leave increases based on your length of service with Fauquier County
Holidays	12 days per year (plus 2 floating holidays)
Sick Leave	Full- and part-time employees earn one day each month. Accrues on a pro-rated basis for part-time employees.
Other Leave	Time off may also be granted for jury duty, compensatory leave, military leave, educational leave, or volunteer leave.
VRS Retirement	Fauquier County full-time employees are fully vested after 5 years of service
Employee Assistance Program	Counseling assistance for employees and their family members provided by Anthem
Tuition Reimbursement	See policy at https://www.fauquiercounty.gov/home
Workers' Compensation	Benefits in the event of a work related illness or injury
Social Security (FICA / Medicare)	Match 100% of your contribution

Benefits You Can Choose

You can elect optional benefits based on your needs.

Benefit Plan	What you can choose	Pre-Tax Deductions Permitted
Anthem Medical Plans	You have a choice of plans so that you can select the one that best suits the needs of you and your family.	Yes
Delta Dental of Virginia Dental Plans	A choice between Standard Option and High Option for you and your family	Yes
Flexible Spending Accounts	Healthcare Spending Account Dependent Care Spending Account	Yes
VRS Optional Term Life & AD&D Insurance Options for Your through Minnesota Life	1x to 4x your compensation up to a maximum of $800,000	No
Optional Term Life & AD&D Insurance Options for Your Spouse and/or Children through Minnesota Life	Up to 50% of your optional life insurance benefit	No
Voluntary Insurance Programs	You can participate in a variety of voluntary plans including cancer insurance, disability insurance, and life insurance.	Yes

More for Your Money—Pre-Tax Deductions

You pay for some of your benefits with pre-tax dollars. This means payroll deductions for certain benefits are taken out of your paycheck before taxes are calculated. This way, your taxable income is reduced, and you pay less in taxes. An example of your potential savings is shown below:

Comparison Chart	Without Pre-Tax Deductions	With Pre-Tax Deductions
Gross Monthly Income	$2,500.00	$2,500.00
Pre-Tax Deduction	$0.00	$200.00
Taxable Income	**$2,500.00**	**$2,300.00**
Federal Tax (15%)	$375.00	$345.00
State Tax (5.75%)	$143.75	$132.25
FICA Tax (7.65%)	$191.25	$175.95
After-Tax Deduction	$200.00	$0.00
Monthly Spendable Income	**$1,590.00**	**$1,646.80**
By taking advantage of the pre-tax deduction, this employee was able to increase his/her spendable income by $56.80 every month! *Refer to the "Pre-Tax Deductions Permitted" column in the chart above for those benefits that can be paid on a pre-tax basis.*		

Changing Elections

Your benefit choices will be effective from July 1, 2020 through June 30, 2021 and cannot be changed until the next open enrollment period Spring 2021, unless you experience a qualifying life event that allows a special enrollment.

Qualifying Life Event – You can change plan elections for yourself or an eligible dependent within 30 calendar days of the specified qualifying life event (some of which are listed below):

- Events that change your legal marital status, including marriage, divorce, death of a spouse, or annulment.
- Events that change your number of dependents, including birth, adoption, placement for adoption, or death of a dependent.
- Changes in employment status, including termination or commencement of employment by you, your spouse, or dependent.
- Changes in work schedule that reduce or increase the number of hours of employment by the employee, spouse or dependent, including a switch between part-time and full-time, a strike or lockout, or the beginning of or return from an unpaid leave of absence.
- Changes in residence or worksite of the employee, spouse or dependent if the change affects your or their eligibility for the plan in which you are currently enrolled.
- A significant change in the benefits or cost of a dependent's coverage under their group plan.
- A dependent satisfying or ceasing to satisfy a plan's requirements for eligible dependent (i.e. a dependent child turns age 26 and is no longer considered a dependent under the terms of the plan).
- Issuance of a judgment, decree or order (including QMCSO) resulting from divorce or change in legal custody requiring health coverage of a child who is your dependent.

If any of these events occur during the year, submit a Life Event through Fauquier ePortal at eportal.fauquiercounty.gov. You may be able to make a change to your elections. To make a change in your benefit election, you will be asked to provide proof of the event. In all instances, the change must be consistent with the type of event that has occurred and must be made within 30 calendar days (60 for CHIPRA) of the event.

Medical and Prescription Drug Benefits

Administered by Anthem BCBS

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Anthem BCBS.

Employees hired before July 1, 2014 have a choice of four plans: KeyCare 10 (PPO), KeyCare 15 (PPO), HealthKeepers 10 (POS / HMO Open Access), and HealthKeepers 20 (POS / HMO Open Access). If you make plan changes, you can only choose the plans that are offered to employees hired after July 1, 2014.

Employees hired after July 1, 2014 have a choice of three plans: KeyCare 15 (PPO), HealthKeepers 20 (POS / HMO Open Access), and the High Deductible Lumenos Plan.

	In-Network Benefits				
	KeyCare 10 PPO	**KeyCare 15 PPO**	**HealthKeepers 10 POS / HMO Open Access**	**HealthKeepers 20 POS / HMO Open Access**	**Lumenos High Deductible—CDHP**
Available to:	Employees Hired before 7/1/2014	All Government Employees	Employees Hired before 7/1/2014	All Government Employees	All Government Employees
Calendar Deductible Individual / Family	$0 / $0	$0 / $0	$0 / $0	$0 / $0	$2,000 / $4,000
Calendar Out-of-Pocket Maximum Individual / Family (includes deductible)	$1,000 / $2,000	$2,000 / $4,000	$1,500 / $3,000	$2,000 / $4,000	$4,000 / $8,000
Network	Anthem KeyCare	Anthem KeyCare	Anthem HealthKeepers	Anthem HealthKeepers	Anthem HealthKeepers
Facility Services					
Inpatient	$200 copay then 10%	$300 copay then 20%	$200 per admission	$200 copay/day not to exceed $1,000/ admission	20% after ded
Outpatient Surgery	$100 copay then 10%	$100 copay then 20%	$150 copay	$200 copay	20% after ded
Emergency Room (Copay Waived if Admitted)	$200 copay then 20%	$200 copay then 20%	$200 copay	$200 copay	20% after ded
Physician Services					
Primary Care Office Visits	$10 copay	$15 copay	$10 copay	$20 copay	20% after ded
Specialist Office Visits	$20 copay	$30 copay	$20 copay	$40 copay	20% after ded
Urgent Care	PCP $10 copay / Spec. $20 copay	PCP $15 copay / Spec. $30 copay	PCP $10 copay / Spec. $20 copay	PCP $20 copay / Spec. $40 copay	20% after ded
Chiropractic Care	PCP $10 copay / Spec. $20 copay, 30 visit limit	PCP $15 copay / Spec. $30 copay, 30 visit limit	$20 copay, 30 visit limit	$25 copay, 30 visit limit	20% after ded, 30 visit limit
Physical & Occupational Therapy	Office Visit: PCP $10 copay / Spec. $20 copay Facility: $20 copay then 10% (30 visits per year PT & OT combined)	Office Visit: PCP $15 copay / Spec. $30 copay Facility: $30 copay then 20% (30 visits per year PT & OT combined)	Office Visit: $20 copay Facility: $20 copay (30 visits per year PT & OT combined)	Office Visit: $25 copay Facility: $25 copay (30 visits per year PT & OT combined)	20% after ded (30 visits per year PT & OT combined)
Speech Therapy	Office Visit: PCP $10 copay / Spec. $20 copay Facility: $20 copay then 10% (30 visits per year)	Office Visit: PCP $15 copay / Spec. $30 copay Facility: $30 copay then 20% (30 visits per year)	Office Visit: $20 copay Facility: $20 copay (30 visits per year)	Office Visit: $25 copay Facility: $25 copay (30 visits per year)	20% after ded (30 visits per year)
Preventive Care					
Well Baby Care	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%
Well Adult Care	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%
Mammography	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%
PSA Tests, Screenings	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%

Medical and Prescription Drug Benefits

	In-Network Benefits				
	KeyCare 10 PPO	**KeyCare 15 PPO**	**HealthKeepers 10 POS / HMO Open Access**	**HealthKeepers 20 POS / HMO Open Access**	**Lumenos High Deductible—CDHP**
Mental Health Services					
Inpatient	$200 copay then 10%	$300 copay then 20%	$200 copay	$200 copay/day not to exceed $1,000/ admission	20% after ded
Outpatient	Office Visit: $10 copay Other Outpatient: $10 copay	Office Visit: $15 copay Other Outpatient: $15 copay	Office Visit: $10 copay Other Outpatient: $10 copay	Office Visit: $20 copay Other Outpatient: $20 copay	20% after ded
Other Services					
Diagnostic X-ray	10% after ded	20% after ded	$20 copay	$40 copay	20% after ded
Advanced Diagnostic Imaging (MRI, MRA, CT, PET Scans)	10% after ded	20% after ded	$100 copay then 10%	$100 copay then 20%	20% after ded
Home Health Care	Covered @ 100% 90 visits / year	Covered @ 100% 90 visits / year	Covered @ 100% 100 visits / year	Covered @ 100% 100 visits / year	20% after ded 100 visits / year
Hospice Care	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%	20% after ded
Durable Medical Equipment	20% after ded	20% after ded	Covered @ 100%	Covered @ 100%	20% after ded
Skilled Nursing Facility	10% after ded 100 visits / year	20% after ded 100 visits / year	Covered @ 100% 100 visits / year	Covered @ 100% 100 visits / year	20% after ded 100 visits / year
Vision	$15 copay In-Network with Blue Vision Providers; $30 OON Allowance				
Prescription Drugs					
Calendar Deductible	$150 Individual / $300 Family With 4th quarter carryover				Subject to Combined Medical / Rx Ded
Calendar Out-of-Pocket Maximum	$3,500 Individual / $7,000 Family				Subject to Combined Medical / Rx OOPM
Retail					
Tier 1	$10 copay				20% after ded
Tier 2	$20 copay				20% after ded
Tier 3	Greater of $35 copay or 20% up to $200 / script				20% after ded
Mail Order					
Tier 1	$20 copay				20% after ded
Tier 2	$40 copay				20% after ded
Tier 3	Greater of $70 copay or 20% up to $400 / script				20% after ded

Potential Financial Responsibility When Using Out-of-Network Providers

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

This is *your* health center.

Fauquier County Employee Wellness Center

Our services include:

Care
For common illnesses, flu, headaches, rashes, prescriptions, and labs

Coaching
For nutrition, tobacco, stress, exercise, and chronic conditions

Assessments
For cholesterol, glucose, blood pressure, height, and weight

Portal
A one-stop location for your personal health record, trackers, and health information.

To schedule an appointment, call your center or book online at **my.marathon-health.com.**

Eligibility and Cost
All Fauquier County Government and Public School permanent employees, regardless of insurance coverage are eligible for services at the Fauquier County Employee Wellness Center.

Privacy
The care you receive by Marathon Health is confidential and protected by state and federal law.

Fauquier County Employee Wellness Center
98 Alexandria Pike
Suite 52
Warrenton, VA 20186
540-905-7456
Mon/Tue 7am-5pm
Wed 7am-3pm
Thu 10am-6pm
Fri 8am-12pm

Marathon health
For life.

LiveHealth Online with Anthem (Telemedicine)

See a doctor 24/7 in minutes

Anthem BlueCross BlueShield

When you need to see a doctor, use LiveHealth Online to have a video visit with a board-certified doctor, 24/7 on your smartphone, tablet or computer with a webcam. It's easy to use and more convenient than a trip to urgent care.

With LiveHealth Online, you get:

- Immediate doctor visits through live video.
- Your choice of board-certified doctors.
- Members enrolled in the POS / HMO and PPO plans have a $0 copay.
- For members enrolled in the Lumenos plan, you will be charged $49 for each visit until your deductible is met. Then once the deductible is met, you will be responsible for 20% coinsurance for each visit.
- Private, secure and convenient online visits.

Download the app now!

apple.com

play.google.com/store

When can you use LiveHealth Online?

As always, you should call 911 with any emergency. Otherwise, you can use LiveHealth Online whenever you have a health concern and don't want to wait. Doctors are available 24 hours a day, seven days a week, 365 days a year. Some of the most common uses include:

- Cold and flu symptoms such as a cough, fever and headaches
- Allergies
- Sinus infections
- Family health questions

Start a conversation now.

Just enroll for free at livehealthonline.com or download the free mobile app at Google Play™ or the App Store℠.

LiveHealth Online Psychology

You can see a therapist or psychologist from home, usually in four days or less.

If you're feeling stressed, worried or having a tough time, you can talk to a licensed psychologist or therapist using LiveHealth Online Psychology.

Make your first appointment — when it's easy for you.

- Use our free app or go to **livehealthonline.com** and log in. Select **LiveHealth Online Psychology** and choose a therapist.
- Or, call **1-844-784-8409** from 7 a.m.to 11 p.m.

Depending on your coverage, the cost of an online therapy visit may be similar to what you would pay for an office visit, considering benefits, copay or coinsurance.

You must be at least 18 years old to see a therapist online.

Dental Benefits

Administered by Delta Dental of Virginia

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Delta Dental of Virginia dental benefit plans.

About Delta Dental's Networks

- **Delta Dental PPO Providers:** agree to accept contractual reimbursement as payment in full and will not balance bill.
- **Delta Dental Premier Providers:** agree to accept contractual reimbursement as payment in full and will not balance bill.
- **Out-of-Network Providers:** are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's Non-Participating payment and billed charges.

For a list of participating dentists go to www.deltadentalva.com.

Services	Standard Option			High Option		
Network	**Delta Dental PPO**	**Delta Dental Premier**	**Out-of-Network**	**Delta Dental PPO**	**Delta Dental Premier**	**Out-of-Network**
Deductible (Individual / Family)	$0 / $0			$50 / $150		
Maximum Benefit (Per Covered Member)	$1,000			$1,500		
Diagnostic & Preventive Services (cleanings, exams, x-rays)	100% of PPO Allowance, deductible waived	100% of Premier Allowance, deductible waived	100% of Non-Par Allowance, deductible waived	100% of PPO Allowance, deductible waived	100% of Premier Allowance, deductible waived	100% of Non-Par Allowance, deductible waived
Basic Dental Services (fillings, root canal therapy, oral surgery, periodontics)	80% of PPO Allowance, after deductible	80% of Premier Allowance, after deductible	80% of Non-Par Allowance, after deductible	80% of PPO Allowance, after deductible	80% of Premier Allowance, after deductible	80% of Non-Par Allowance, after deductible
Major Dental Services (crowns, prosthetic coverage, implants)	Not Covered			50% of PPO Allowance, after deductible	50% of Premier Allowance, after deductible	50% of Non-Par Allowance, after deductible
Orthodontia Services (dependent children & adults)				50% of PPO Allowance, after deductible	50% of Premier Allowance, after deductible	50% of Non-Par Allowance, after deductible
Orthodontia Lifetime Maximum (per covered member)				$2,000 lifetime maximum		

Annual Leave, Holidays and Sick Leave

Fauquier County Government currently provides a traditional time off program comprised of annual leave, 12 paid holidays, 2 floating holidays and 12 sick leave days annually.

Annual Leave

Full-time employees are eligible for annual leave based on years of service and the number of hours worked per week. Part-time employees accrue annual leave on a prorated basis. Employees can accumulate a maximum number of hours. Any amounts over the maximum at the end of the calendar year are converted to sick leave.

Years of Service	30 Hr. / Week Employee		37.5 Hr. / Week Employee		40 Hr. / Week Employee		42 Hr. / Week Employee	
	Per Month	Max	Per Month	Max	Per Month	Max	Per Month	Max
< 5 Years	6	144	7.5	180	8	192	8.4	201.6
5-10 Years	7.6	182.4	9.5	228	10	240	10.5	252
10-15 Years	9.2	220.8	11.5	276	12	288	12.6	302.4
15-19 Years	10.8	259.2	13.5	324	14	336	14.7	352.8
20 + Years	12	288	15	360	16	384	16.8	403.2

Only the maximum of annual leave will be allowed to carryover. Any amount of annual leave over the maximum, as of **December 31st**, will be transferred to your sick leave account. Refer to the annual leave policy for more information.

Sick Leave

Below is the sick leave accrual information. Please refer to the sick leave policy at: www.fauquiercounty.gov/humanresources, for more information.

Regular hours worked per week	Amount accrued per month	Days accrued annually
37.5	7.5 hours	12
40	8 hours	12
42	8.4 hours	12
48	9.6 hours	12

Employees must use sick leave in amounts no less than one-half hour units. Employees working a regular 40-hour work week shall use sick leave based on an 8-hour day. Employees working a 37.50-hour week shall use sick leave based on a 7.50 hour day.

Sick leave is paid leave granted for periods of absence due to personal illness, injury, surgery, medical quarantine, and medical, dental, or optical examinations. It may also be used for family illness or injury. Sick leave is a benefit to be used for legitimate needs, not to supplement annual leave.

Fauquier County offers a voluntary Sick Leave Bank program. The program provides income replacement benefits to participants who are unable to work due to illness or non-work related injury. Employees must enroll in the program to receive the benefits. An employee must exhaust all of their accrued leave and all but one week of their sick leave balance before using this benefit.

Leave Donation may be available for employees who are seriously ill or injured and out of work for an extended period of time. An employee must exhaust all of their accrued leave and all but one week of their sick leave balance before using this benefit.

Holidays

Fauquier County Government designates paid holidays each year for all full-time employees.

Health Savings Account (HSA)

Administered by ActWise

When you enroll in the High Deductible – Lumenos CDHP plan an HSA account will automatically be established for you. Shortly after enrollment you will receive an HSA Welcome Kit with banking documentation and instructions for you to activate your HSA. With a minimum balance of $1,000 in your HSA you can direct the investments in your account.

What is an HSA and how does it work?	
What is an HSA?	An HSA (Health Savings Account) is a tax-free account you can use to pay for current and future medical expenses (even medical expenses during retirement). An HSA has triple tax benefits: 1. The money goes in tax-free. 2. The money grows tax-free. 3. Your withdrawals for qualified medical expenses—including any earnings—are tax free.
Who's eligible to enroll in an HSA?	• You must be enrolled in a qualifying HDHP (the Lumenos plan) to be eligible to contribute to an HSA. • You cannot be enrolled in Medicare (generally those over 65) and contribute funds to the account; however, HSA funds can be used when enrolled in Medicare for qualifying expenses not covered by Medicare. • You cannot be eligible to be claimed as a dependent on another's tax return (does not apply to joint filing). • You cannot be enrolled in a medical Flexible Spending Account (you or spouse) and put funds in an HSA; however, you can be enrolled in the HDHP without the HSA. • If you or your spouse is currently enrolled in an FSA today, you must exhaust all money in your FSA account by the end of the plan year (June 30) to be eligible to open an HSA on July 1. • If your spouse is enrolled in an FSA plan, you cannot cover your spouse under the County's plan and open an HSA account until the end of their plan year. For example, if their plan does not end until 12/31, you are not able to open the HSA until after 12/31.
Company Contributions	Fauquier makes an annual contribution to your account based on your level of coverage as follows: • **Employee Only:** $500 • **Employee & Child:** $750 • **Employee & Spouse:** $750 • **Employee & Family:** $1,000
You can contribute to your account	Federal tax regulations restrict the amount contributed to a health savings account. In calendar year 2020 your contributions combined with the County Contribution, are limited to: • **Employee Only:** $3,550 • **Employee & Dependents:** $7,100 • **Catch-up provision for those 55 & up:** $1,000 *Employees should monitor their personal contributions to the HSA so they don't exceed the allowable amount for calendar year 2020.*
Paying Claims and Reimbursements from Account	Show your Anthem ID card when you receive care. The provider will submit a claim to Anthem for the application of discounts and credit to your deductible. Most providers will not require a payment from you at time of service. They will bill you for the balance due after the insurance discount has been applied. You pay the bill one of the following ways: • HSA debit card • Direct from HSA (check) • From regular funds, then reimburse yourself from HSA • From regular funds, don't reimburse yourself, but save the HSA funds for a rainy day If you withdraw funds in an account after age 65 and use the fund for anything other than eligible medical expenses, you will be subject to a tax but a penalty does not apply.
Roll over your balance	Money you don't spend from your HSA account rolls over from year to year. If you change jobs, switch to another medical plan or even retire, your HSA and the money in it is still yours to keep. You can choose to save it to pay for eligible health care expenses tax-free in retirement.
Monthly Fees	HSA Accounts are subject to monthly administration fees.

Flexible Spending Accounts

Administered by American Fidelity

Flexible Spending Accounts (FSAs) allow employees to allocate *pre-tax* dollars to a healthcare and/or dependent care spending account to pay for eligible after-tax expenses. These accounts allow you to use a portion of your pay, before it is taxed, to provide coverage that can reimburse you for certain qualified expenses. You can participate in one, both or neither of the accounts—it is your choice. The FSA Plan year runs from July 1st through June 30th.

There are two types of Flexible Spending Accounts available to you:

1. Health Care Reimbursement Account
2. Dependent Care Reimbursement Account

Important Notes

Federal tax law requires separate accounts for the two types of expenses, and you must elect a separate amount to be deposited in each account in which you elect to participate.

Since you are receiving tax advantages, federal tax law imposes certain requirements on spending accounts.

- Once you elect to participate in the spending account plan, **you cannot change your election** during the plan year unless you have a qualifying event. Qualifying events are discussed on page 6 of this booklet. If one of these events occurs, and you want to change your election, the change must be consistent with the type of event that has occurred.
- In order to receive reimbursement from your account, **you must incur expenses** (i.e., service performed and received) **during the plan year**. You must submit a reimbursement form or use your debit card. Keep receipts for your tax records.
- **Rollover:** If you do not incur enough expenses during the plan year to use all of the coverage provided by your medical spending account, the plan allows $500 to be rolled over to be used in the next plan year.
- **"Use it or Lose it:"** Any amount over the $500, will be lost.
- You cannot claim a tax deduction or credit on your personal tax return for expenses reimbursed from your spending account.
- The expenses cannot be eligible for reimbursement from any other source.
- When taxable income is lowered, Social Security taxes are also lowered. This may result in a slight reduction in Social Security retirement benefits.

Maximum Contributions and Eligible Expenses

Please Note: FSA contributions are taken from your paycheck (24 payroll cycles) on a pre-tax basis according to your annual elections.

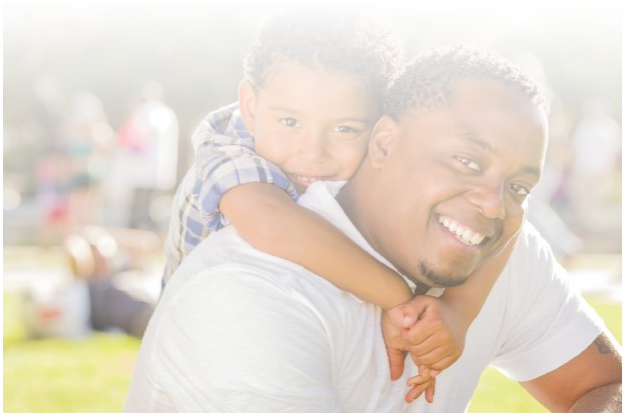
	Healthcare FSA	Dependent Care FSA
Maximum Contribution	You may contribute up to **$2,750** for the plan year or $112.50 per pay period.	You may contribute up to **$5,000** for the plan year or $208.33 per pay period for single individuals or married individuals filing jointly, and **$2,500** for the plan year or $104.17 per pay period for married individuals filing separately.
Eligible Expenses	Eligible expenses include: • Deductibles and copays; • Cost of eligible services above the reasonable and customary limits or above other plan limits; • Other health-related expenses not paid by other plans that are eligible for tax deduction by the I.R.C. Section 213. Refer to IRS Publication 502, for a full list of eligible expenses. This publication can be found at www.irs.gov/pub/irs-pdf/p502.pdf or by calling 1-800-TAX-FORM.	Eligible expenses include: • Care in your home or someone else's home; • Child care or dependent care facilities, including day care centers and nurseries; or • Housekeeping services in your home that include day care. You can claim dependent care expenses for "qualifying individuals" who include: • Your children under age 13 • other relatives, such as a parent, whom can be claimed as dependents on your tax return • A spouse or other dependent who is physically or mentally incapable of caring for him or herself. *These children and relatives must be dependents as defined by the Internal Revenue Code.*
Expense Reimbursement Notes	Expenses reimbursed from your Health Care Spending Account cannot be claimed as medical deductions on your income tax.	Expenses reimbursed from your Dependent Care Spending Account cannot be claimed under the Federal Tax Credit.

Voluntary Programs

Administered by AFLAC and American Fidelity

Not everyone's personal situation is the same; your family needs may be different from the needs of your coworkers. In recognition of these differences, we offer voluntary benefits, which you can purchase at group rates.

Accident Coverage	Cancer / Specified Disease
You may purchase accident coverage for you and your family through AFLAC and American Fidelity. It provides benefits for any on- or off-the-job accidental injuries with benefits payable for hospitalization, emergency treatment, intensive care, fractures, and more. This accident coverage is portable, which means that you may keep the policy if you stop working for Fauquier County and you continue to pay the premiums.	You may purchase voluntary cancer/specified disease coverage for yourself and family through AFLAC and American Fidelity. This coverage supplements for expenses which may not be covered by your medical insurance. Benefits are paid directly to you. This coverage may be portable, which means that you may keep the policy if you stop working for Fauquier County and you continue to pay the premiums.
Hospital Confinement	**Short Term Disability**
You may purchase voluntary hospital confinement and sickness indemnity insurance coverage for yourself and family through AFLAC and American Fidelity. This coverage supplements any physician or hospital charges you may incur. Benefits are paid directly to you. This coverage may be portable, which means that you may keep the policy if you stop working for Fauquier County and you continue to pay the premiums.	You may purchase voluntary short term disability at different levels of coverage for yourself through AFLAC and American Fidelity. This coverage supplements your income while you are disabled due to a covered sickness or off the job injury. Benefits are paid directly to you. This coverage may be portable, which means that you may keep the policy if you stop working for Fauquier County and you continue to pay the premiums.
Individual Specified Health Event Insurance	
You may purchase voluntary serious health event insurance for yourself through AFLAC and American Fidelity. A serious health event may be a heart attack, end-stage renal failure or third-degree burns. This coverage supplements your income while you recover from your health event. Benefits are paid directly to you. This coverage may be portable, which means that you may keep the policy if you stop working for Fauquier County and you continue to pay the premiums.	



Employee Assistance Program
Service Summary
Fauquier County and Schools

Anthem

Available 24/7, 365 days a year

Everything you share is confidential.*

When you need help meeting life's challenges, the Anthem Blue Cross and Blue Shield Employee Assistance Program (EAP) is here for you and your household members. Check out some of the services we offer — at no cost to you:

Counseling

- Up to 3 visits per issue
- Face-to-face counseling or online visits via LiveHealth Online
- Can call EAP or use the online Member Center to initiate services

Legal consultation

- 30-minute phone or in-person meeting
- Discounted fees to retain a lawyer
- Online resources, including free legal forms, seminars and a library of articles

Financial consultation

- Phone meeting with financial professionals
- Consultation available during regular business hours — no time limits or appointments needed
- Online resources, including articles, calculators and budgeting tools

ID recovery

- Identity theft risk level checked by specialists
- Help with reporting to consumer credit agencies
- Assistance filling out paperwork and negotiating with creditors

Dependent care and daily living resources

- Information available on child care, adoption, summer camps, college placement, elder care and assisted living through the EAP website
- For help with everyday needs, like pet sitting, relocation resources and more

Other anthemEAP.com resources

- Well-being articles, podcasts and monthly webinars
- Self-assessment tools for depression, anxiety, relationships, alcohol use, eating habits and more

Crisis consultation

- Toll free number for emergencies
- Round-the-clock help available

On-demand digital resources

- @AnthemEAP Twitter tips for staying healthy and balancing work-life needs
- The WellPost blog at anthemEAP.com, featuring Health & Wellness topics written by experts in the field

Need help? Give EAP a try today.

Call **800-346-5484**. Or go to **anthemEAP.com** and enter your company code: Fauquier County.

* In accordance with federal and state law, and professional ethical standards. This document is for general informational purposes. Check with your employer for specific information about benefits, limitations and exclusions.

Language Access Services – (TTY/TDD: 711)
Spanish – Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.
Chinese – 您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。

Anthem Blue Cross and Blue Shield complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

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Retirement Plans

Virginia Retirement System

Fauquier County Government pays part of the cost of retirement benefits through the Virginia Retirement System (VRS). Fauquier County will pay an employer portion, and employees must contribute 5%.

There are a couple of differences in the plans. The plan in which you participate depends on your date of membership:

- **Plan 1 -** You are covered under the provisions of the VRS Plan 1 if your membership date is between *July 1, 2010 and December 31, 2013.* Average final compensation under Plan 1 is the average of your 36 consecutive months of highest compensation as a covered employee.
- **Plan 2 –** You are covered under the provisions of the VRS Plan 2 if your membership date is between *July 1, 2010 and December 31, 2013.* Average final compensation under Plan 2 is the average of your 60 consecutive months of highest *compensation.*
- **Hybrid Retirement Plan –** All employees hired on or after January 1, 2014 or those that elected to join this plan are Hybrid members. Average final compensation is the same as Plan 2 (average of 60 consecutive months). Employees must contribute 5% (4% to VRS & 1% to ICMA for defined 401a plan) with the option to contribute up to an additional 4% with an employer match.

Under Plan 1 & 2, you become vested with five years of credited service; the years need not be continuous. Hybrid plan is vested after 5 years in the defined benefit portion, and after 4 years in the defined contribution portion.

As a VRS member, you enjoy retirement benefits important to you and your family's financial well-being. These benefits include retirement, disability, and survivor benefits. Current, active members of VRS may be eligible to purchase prior service credit.

You may also elect optional life insurance under the Virginia Retirement System (VRS) through Minnesota Life. Please refer to the Optional Life Insurance section on pages 19 and 20 for more information about the life insurance.

For more information about VRS benefits, visit www.varetire.org where you will find handbooks and other information about the plan.

Deferred Compensation

Fauquier County Government offers a 457b retirement savings program through VOYA. This program allows for employees to save for retirement through pre-tax salary deferrals. Amounts deferred are not subject to federal and state income taxes until they are withdrawn from your account, which is usually at retirement. The plan offers after-tax deductions as well.

You may choose the amount of your pay that is deferred, and you may change that amount at any time. Payroll deductions are spread over the 24 payroll cycles. There are legal limits on the amount that you can contribute in a year. For the 2020 calendar year, that annual limit is $19,500 for those under the age of 50, and $26,000 for those over the age of 50.

You may choose from various types of investments (stocks, mutual funds, and fixed income interest-bearing accounts). Whether you are conservative or aggressive, there are funding choices for your preferred investing style. The products are managed by a financial firm chosen by VOYA. Contact information can be found on page 3.

Retirement Plans

Recent legislation (SB 498) created the Virginia Local Disability Program (VLDP)--a disability benefit for political subdivision and school employees who will be covered under the new VRS Hybrid Retirement Plan. The Virginia Retirement System (VRS) governs the VLDP program.

All employees hired after January 1, 2014, who are VRS Hybrid plan members will be eligible for the Hybrid Plan disability program administered through Anthem. There is a one year waiting period for this program. VLDP provides income protection for a non-work related or work-related illness, injury or other condition, such as surgery, pregnancy, complications from pregnancy or a catastrophic or major chronic condition.

The VLDP includes Short-Term Disability, Long-Term Disability, and Long-Term Care.

VLDP Short Term Disability

The VLDP Short Term Disability benefit begins after a seven-calendar day waiting period from the first day of your disability and continues for up to 125 workdays.

- You are eligible for work-related short-term disability coverage upon employment. VLDP coverage includes 6 weeks of post-partum income replacement following a normal delivery or 8 weeks for C-section.
- You are eligible for income replacement at 60 percent of your pre-disability income if you go on non-work related short-term disability. After five years of continuous participation in VLDP with your current employer, you will become eligible for higher income replacement levels.
- There is a one-year waiting period. The waiting period applies regardless of service.

VLDP Long Term Disability

The VLDP Long Term Disability benefit for Hybrid Plan members begins after 125 workdays of short term disability.

- You are eligible for a long-term disability benefit if you are unable to work at all or you are working less than 20 hours a week.
- You will receive up to 60 percent of your pre-disability income.

Voluntary Long Term Care Through VRS (for active or retired employees)

You may be eligible to apply for long-term care coverage for yourself and certain family members in the Commonwealth of Virginia Voluntary Group Long Term Care Insurance Program. VRS contracts with Genworth Life Insurance Company as the insurer to offer this benefit.

The program provides assistance with long-term care expenses, such as:

- care in a nursing home or assisted living facility
- home healthcare services
- caregiver training, and
- community-based care.

If you apply within 60 days of employment, medical underwriting (proof of good health) will not be required for you. If you apply after 60 days of employment, you will be asked to provide proof of good health. Medical underwriting will be required of family members who apply.

Life and Accidental Death & Dismemberment (AD&D) Insurance

Administered by VRS

Basic Life Insurance

Permanent full-time employees are eligible for basic life insurance through VRS. In the event of your death, you are automatically covered for term life insurance based on a two times your annual earnings. Your life insurance coverage is determined by rounding your annual salary to the next $1,000 and doubling. For example, if your annual earnings are $31,200, your life insurance benefit would be $64,000 ($32,000 x 2).

If you die while covered by this plan, the benefit is paid to the beneficiary (or beneficiaries) you designate, in writing. This Basic term life insurance coverage is through VRS and paid in full by Fauquier County Government.

When you experience a life event, be sure to update your beneficiary(ies).

Basic Accidental Death and Dismemberment Insurance

If you die in an accident, this benefit pays your beneficiary(ies) an amount equal to your Basic Term Life Insurance coverage. This benefit would be paid in addition to Basic Life Insurance benefits.

The AD&D plan also provides a paid benefit if you lose a limb or your eyesight in an accident. The cost of this coverage is paid in full by Fauquier County Government.

Optional Life and Accidental Death & Dismemberment Insurance

Administered by Securian

If you feel that additional term life insurance is necessary in order to meet the needs of your family, Fauquier County Government's Benefits Program makes additional coverage available to you. Employees may purchase supplemental term life coverage for one, two, three, or four times your salary, not to exceed $800,000. If you purchase more than $375,000 in optional coverage, or if you initially declined coverage and now wish to purchase additional life insurance, you will be required to provide Evidence of Insurability.

In the event of your death, this supplemental benefit is paid **in addition** to the Basic coverage. The cost of this coverage is paid by employees through payroll deductions.

If you are currently enrolled in the Securian optional life program, you do not need to do anything if you wish to continue this coverage "as is". If you did not enroll for this coverage during your initial new hire eligibility period, you can apply for this coverage at any time, but will be required to complete and submit an Evidence of Insurability with your enrollment application. As a late entrant, Minnesota Securian reserves the right to deny the coverage or limit the amount of optional term life coverage.

Optional Term Life Insurance for Dependents	
Eligibility	Regular full-time employees
Benefit Amount	
For You	1x, 2x, 3x, or 4x your compensation, up to a maximum of $800,000
For Your Spouse	Up to half the maximum amount of the coverage you select for yourself, not to exceed $400,000
For Your Child(ren)	Age 15 days to 21 yrs. old (25 for students): You may elect an amount equal to $10,000, $20,000, or $30,000, depending on the coverage option you select for yourself
Guaranteed Issue Amount	Employee: $375,000 Spouse: up to one-half the employee's salary
Accelerated Death Benefit	
Coverage During Disability	Yes
Conversion Privilege	Included
Accelerated Death Benefit	Some or all of death benefit

Optional Term Life Insurance for Dependents

Administered by Securian

Fauquier County Government's Benefits Program also offers dependent life insurance options. The cost of this coverage is paid by employees through payroll deductions. You are eligible to purchase optional life insurance for your spouse and dependent children if you have optional coverage for yourself. Spouses are eligible for up to 50% of your optional life coverage. You may also purchase optional group coverage for your minor children.

Evidence of Insurability is required if you do not elect the coverage within 31 days of your first day of coverage under the basic life insurance plan or qualifying event. Proof of your spouse's good health is also required for amounts in excess of one-half of your salary.

VRS Optional Life Insurance Contributions

Optional Life—employee, retiree and spouse	
Age Band	**Monthly Rate per $1,000**
34 and Under	$0.05
Age 35-39	$0.06
Age 40-44	$0.08
Age 45-49	$0.14
Age 50-54	$0.20
Age 55-59	$0.33
Age 60-64	$0.59
Age 65-69	$1.06
70 and Over	$2.06

Please note, rates increase with age.

Child Term Life—One premium provides coverage for all eligible children		
Option	**Coverage Amount**	**Rate**
1	$10,000	$0.80
2	$10,000	$0.80
3	$20,000	$1.60
4	$30,000	$2.40

To calculate the cost for your supplemental life coverage, follow these steps:

			Example
1.	Determine how much coverage you would like. You may elect 1x to 4x your compensation with a maximum of $500,000 coverage.	Coverage Amount = _____	$40,000
2.	Divide the result from #1 by 1,000 since the rates are based on each $1,000 of coverage.	÷ 1,000 = _____	÷ 1,000 = $40.00
3.	Multiply the result from #2 by the rate for your age from the rate chart.	Rate from chart x _____ = _____ *This is the monthly premium.*	x $0.21 = $8.40
4.	Multiply the result from #3 by 12 months then divide by 26 pay periods.	x 12 ÷ 24 = _____ *This is the amount you will pay each payday.*	x 12 ÷ 24 = $4.20

Important Notice from Fauquier County about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Fauquier County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Fauquier County has determined that the prescription drug coverage offered by the Fauquier County Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Fauquier County coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Fauquier County coverage, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period unless you experience a qualified life event.

Note that your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan and keep your coverage under the Fauquier County Benefit Plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Fauquier County and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium.

You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

Summary of Options for Medicare Eligible Employees:

Medical and prescription drug coverage are offered as a package under the Fauquier County Benefit Plan (you cannot elect medical coverage without prescription drug coverage).

1. Continue medical and prescription drug coverage under the Fauquier County Benefit Plan and do not elect Medicare D Coverage. **Impact** - Your claims continue to be paid by the Fauquier County Benefit Plan.
2. Continue medical and prescription drug coverage under the Fauquier County Benefit Plan and elect Medicare D coverage. **Impact** - As an active employee the Fauquier County Benefit Plan continues to pay primary on your claims (pays before Medicare D).
3. Drop the Fauquier County Benefit Plan coverage and elect Medicare Part D coverage. **Impact** - Medicare is your primary coverage. You will not be able to rejoin the Fauquier County Benefit Plan unless you experience a family circumstance change or until the next open enrollment period.

For More Information About This Notice Or Your Current Prescription Drug Coverage:

Contact Human Resources for further information. **NOTE:** You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Fauquier County Benefit Plan changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: April, 2020

Name of Entity: Fauquier County

Contact: Human Resources

Office Address: 320 Hospital Drive
Suite 34
Warrenton, VA 20186

Phone: 540-422-8300

Newborn's and Mother's Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

The Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. This law also requires that written notice of the availability of the coverage be delivered to all plan participants upon enrollment and annually thereafter. This language serves to fulfill that requirement for this year. These services include:

- Reconstruction of the breast upon which the mastectomy has been performed;
- Surgery/reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment for physical complications during all stages of mastectomy, including lymphedemas.

In addition, the plan may not:

- Interfere with a participant's rights under the plan to avoid these requirements; or
- Offer inducements to the healthcare provider, or assess penalties against the provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles, coinsurance, and co-pays consistent with other coverage provided by the Plan.

Protecting Your Health Information Privacy Rights

Fauquier County is committed to the privacy of your health information. The administrators of Fauquier County's Health Care Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources or logging into the Benefits Website.

Know Your COBRA Notification Responsibilities

It is your responsibility to notify Human Resources when a dependent becomes eligible or ceases to be eligible for coverage under the Fauquier County Benefit Plans. All eligibility changes should be reported within 30 days of the event. Failure to report changes in a timely manner will impact your ability to add newly eligible dependents or discontinue pre-tax premium contributions on ineligible dependents. In addition, failure to report a loss of eligibility due to legal separation or divorce or a dependent that has otherwise ceased to be eligible, such as a child reaching the maximum dependent child age limit, can impact your dependent's rights for group health plan coverage under the federal law known as COBRA. If you fail to report the loss of eligibility within 60 days of the event, your dependents may be left with no continuation coverage under the Fauquier County Benefits Plans. Please see your COBRA notice or your Summary Plan Descriptions for each benefit for additional information.

Fauquier County's Notice of your HIPAA Special Enrollment Rights

Loss of Other Coverage - If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards your or your dependent's coverage.

To be eligible for this special enrollment opportunity you must request enrollment **within 30 days** after your other coverage ends or after the employer stops contributing towards the other coverage.

New Dependent as a Result of Marriage, Birth, Adoption or Placement for Adoption - If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and/or your dependent(s). To be eligible for this special enrollment opportunity you must request enrollment **within 30 days** after the marriage, birth, adoption or placement for adoption. You must provide the proper documentation to make these changes.

Medicaid Coverage - Fauquier County's group health plan will allow an employee or dependent who is eligible, but not enrolled for coverage, to enroll for coverage if either of the following events occur:

1. Termination of Medicaid or CHIP Coverage - If the employee or dependent is covered under a Medicaid plan or under a State Child Health Plan (SCHIP) and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.
2. Eligibility for premium assistance under Medicaid or CHIP - If the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP, including under any waiver or demonstration project conducted under or in relation to such a plan. This is usually a program where the state assists employed individuals with premium payment assistance for their employer's group health plan rather than direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity you must request coverage under the group health plan **within 60 days** after the date the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP or the date you or your dependent's Medicaid or state-sponsored CHIP coverage ends.

To request special enrollment or obtain more information, please contact your Human Resources Department.

HIPAA Privacy Notice

This notice describes how medical information about you can be used and disclosed and how you can get access to this information. Please review it carefully.

The federal Health Insurance Portability and Accountability Act's privacy regulations provide you with important rights regarding use and disclosure of your personal health information. This notice describes practices and procedures used by Fauquier County Government's medical plan (the Plan) to protect the privacy of certain personal health information concerning individuals who are participants under the Plan, such as you, your spouse, and your dependents. The Plan must maintain the privacy of protected health information and provide plan participants with a notice about the Plan's legal duties and privacy practices regarding protected health information. The Plan is required to use and disclose protected health information as described in this notice. This notice is effective *July 1, 2014.*

Protected health information (PHI) means health information collected or received by Fauquier County Government, the Plan, another health plan, a life insurer, a school or university, a health care clearinghouse, or a health care provider that personally identifies plan participants and relates to their health care, past, present, or future physical or mental health conditions, or past, present, or future payments for health care. It does not include certain employment records, such as medical certifications used for compliance with the federal Family and Medical Leave Act, federal Americans with Disabilities Act, or workers' compensation laws.

Use and Disclosure of Protected Health Information. Unless otherwise permitted by law, the Plan generally cannot use or disclose your PHI unless you authorize the use or disclosure in writing. However, in some cases, obtaining your written authorization for certain types of use or disclosure of PHI is impractical or unduly cumbersome. For example, written authorizations are not required to use or disclose your PHI for medical treatments, payments of medical bills, and health care operations. In addition, a number of limited exceptions allow or require the Plan to use and disclose PHI without your written authorization for certain legal, public health, and medical purposes.

Treatment, payment, and health care operations. The Plan does not need your written authorization or permission to use or disclose your PHI for the following reasons:

- ***Payment.*** The Plan can use and disclose PHI for payment of your health care claims. For example, the Plan can obtain information about your medical diagnosis, treatment, supplies, or procedures from a health care provider and share this PHI with health plan administrators or insurers for billing, cost sharing, claims processing, review of benefit or coverage denials, and other purposes related to administering your benefits and coverage under the Plan.
- ***Health care operations.*** The Plan can use and disclose PHI to Fauquier County Government for purposes of health care plan administration. For example, the Plan can use PHI in underwriting, negotiating premiums, assessing rating risks, conducting quality assessments and improvement activities, evaluating health care providers, performing audits and legal functions, conducting business management and planning, and carrying out general administrative activities.
- In addition, the Plan can disclose your PHI to certain employees of Fauquier County Government who are authorized and designated to handle certain health care plan administrative tasks. These employees must protect the privacy of your PHI and take steps to ensure that it is used or disclosed only as described in this notice. PHI used solely by Fauquier County Government for health care operations is not used or disclosed in connection with employment decisions affecting you, such as hiring, promotions, layoffs, or terminations. Whenever possible, Fauquier County Government removes information that identifies specific plan participants from medical records and uses only summary health data for operational purposes, such as negotiating coverage changes, evaluating insurance alternatives, or obtaining cost estimates.
- ***Business associates.*** The Plan can disclose PHI to our business associates for authorized plan administration needs related to payment and health care operations. For example, third-party administrators, auditors, attorneys, consultants, and payroll processors are considered our business associates. Our business associates must enter contracts agreeing to safeguard the confidentiality of PHI received from the Plan.
- ***Health care providers.*** The Plan can disclose your PHI to health care providers and other covered entities as required for treatment or payment activities.
- ***Health care education*****.** The Plan can use and disclose PHI to inform you about alternative treatment options and health-related benefits and services that might be of interest to you.
- ***Legal, public health, and related purposes*****.** Besides using and disclosing PHI for treatment, payment, and health care operations, the Plan is permitted or required to use or disclose PHI without your written authorization for particular purposes or under specific conditions including:
    - ***Legal compliance.*** The Plan can use and disclose PHI as required by federal, state, or local laws or regulations, or to comply with valid legal requests, such as subpoenas, discovery requests, and other court or administrative orders. The Plan also must disclose PHI to the Secretary of the U.S. Department of Health and Human Services for HIPAA compliance purposes.
    - ***Abuse, neglect, or domestic violence.*** The Plan can use and disclose your PHI to appropriate authorities as required for reporting abuse, neglect, or domestic violence. The Plan informs you when making such uses or disclosures.

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- ***Law enforcement.*** The Plan can use and disclose your PHI to law enforcement officials when reporting a suspected workplace crime or a death due to a suspected crime. Law enforcement officials can request and receive your PHI for purposes of locating or identifying suspects, fugitives, witnesses, or missing persons. Law enforcement officials also can receive limited PHI when needed to identify crime victims, but only when you are unable to give consent to disclosure and certain other conditions are met. In addition, the Plan can use and disclose your PHI to correctional facilities when needed for medical or safety reasons.
- ***Public health and safety.*** Various federal public health agencies and certain individuals can receive your PHI to address serious and imminent safety and health threats to you or the public. The Plan also can disclose your PHI to appropriate authorities when required to comply with federal Food and Drug Administration regulations or to prevent or control diseases, injuries, or disabilities.
- ***Health oversight committees.*** In general, government health agencies can receive your PHI for necessary and authorized oversight activities, including audits, investigations, licensing activities, criminal or administrative proceedings, and inspections.
- ***Coroners, medical examiners, and funeral directors.*** Coroners and medical examiners can receive your PHI for identification purposes, determinations of the cause of death, or other authorized reasons. Funeral directors also can receive your PHI for carrying out specific duties.
- ***Organ and tissue donation.*** If you are an organ or tissue donor, the Plan can give your PHI to organ procurement organizations or other entities for facilitating organ or tissue donations or transplants.
- ***Research purposes.*** The Plan can provide your PHI for authorized research purposes.
- ***Workers' compensation.*** The Plan can use and disclose your PHI for workers' compensation or related purposes.
- ***Military or national security functions.*** If you serve, have been discharged, or are a veteran of a U.S. or foreign military service, the Plan can provide your PHI as required by appropriate military authorities. The Plan also can disclose your PHI for authorized national security and intelligence activities. Although your written authorization is not required for the above-listed uses and disclosures of your PHI, the Plan releases only the minimum details necessary to carry out these authorized functions. In addition, your express written authorization almost always is required in these situations
    - ***Disclosure of psychotherapy notes.*** The Plan must receive your authorization in most cases before releasing your PHI that relates to psychotherapist notes taken during mental health sessions.
    - ***Use of PHI for marketing purposes.*** The Plan generally must receive your authorization for using or disclosing your PHI for certain marketing purposes.

Your Rights. You have certain rights regarding your PHI. These rights include the following:

- ***The right to designate a relative or representative to access your PHI.*** You can provide written notice to the Plan to designate a relative, friend, lawyer, or other individual as someone closely involved in your health care to whom the Plan can disclose your PHI for any purpose you specifically permit. This authorization allows the Plan to release all appropriate records to your designated representative without obtaining a separate authorization from you for each record request. You can revoke this authorization at any time.
- ***The right to request restrictions on certain uses and disclosures of PHI.*** You can request the Plan to restrict any use or disclosure of your PHI for carrying out treatment, payment, or health care operations or to your personal representative, including family members. The Plan does not have to agree to your request and can disclose your PHI as allowed or required by law or if an emergency arises.
- ***The right to receive confidential communications of PHI.*** You can receive PHI communications through alternative means or at alternative locations if the communication channels normally used would jeopardize your physical safety. To exercise this right, you must give the Plan a written statement to the effect that disclosing all or part of your PHI through normal channels could endanger you. For example, you can request that communications be mailed to you at an address that is different from your home address.
- ***The right to inspect and copy your PHI.*** You can make a written request to inspect and copy your PHI that the Plan retains, excluding psychotherapy notes, information compiled for use in any legal proceeding, or records otherwise restricted or exempt from disclosure under federal laws or regulations. The Plan will either mail the requested records to you or send you a letter explaining why your request is denied. The Plan will respond to your request within certain deadlines, usually 30 or 60 days, depending on how recently the requested records were created and whether records are maintained on site. If your request is denied, a review of the denial is available in most cases.
- ***The right to amend protected health information.*** You can amend your PHI by sending the Plan a written request explaining the need for changing your PHI. Your request can be denied if the PHI is not available for inspection by law or if the Plan did not create the PHI record, does not maintain the record, or determines that the record is complete and accurate. The Plan also will amend your PHI if it receives amended PHI from an appropriate entity covered by the law.
- ***The right to receive an accounting of disclosures of protected health information.*** You can make a written request to the Plan to provide you with a statement of the disclosures of your PHI that were made by the Plan for up to six years before the date of your request. However, the Plan does not have to supply an accounting of certain routine or permitted PHI disclosures, such as disclosures made to your designated representative or to carry out treatment, payment, or health care operations. No charge applies to your first request for an accounting of disclosures in a given year. A nominal administrative fee applies if you submit additional requests within the same 12-month period; however, you can reduce or avoid extra charges by modifying or withdrawing additional requests. The Plan will supply this accounting of disclosures of your PHI within 60 days after the Plan receives you request unless it notifies you in writing of the need for a 30-day extension.

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- ***Your rights under state law.*** In addition to your rights described in this notice, you might have additional rights regarding your PHI under the laws of the state where you live, such as rights relating to mental health, pregnancy, HIV/AIDS, and health treatment of minors.

- ***The right to receive a privacy notice.*** Plan participants receive this notice when they enroll in the Plan and you can request additional copies of this notice at any time. You also can request a paper copy of this notice if you first received it electronically. The Plan issues notice reminders at least every three years informing plan participants of their right to receive this notice and where to obtain it.

Changes to This Notice. The Plan can change provisions of this notice at any time for compliance or other reasons. In general, changes to the notice are effective on the date the notice is revised. Plan participants receive information regarding changes to this notice within 60 days after revisions are made and can request a revised copy of the notice.

Complaints. If you believe that the Plan has not complied with its obligations or your rights as described in this notice have been violated, you can submit a written complaint to Fauquier County Government's privacy officer, the Plan, or the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against or penalized in any manner for filing a complaint, participating in any legal proceeding, or opposing any unlawful act or practice.

Employer Contact Information. For more information about this notice or your privacy rights, you can contact Fauquier County government's privacy officer, Benefits and Risk Manager, 320 Hospital Drive, Suite 34, Warrenton, VA 20186.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877- KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272).**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child- health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	**FLORIDA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	**GEORGIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance- premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	**INDIANA – Medicaid**
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

IOWA – Medicaid and CHIP (Hawki)	NEBRASKA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KANSAS – Medicaid	**NEVADA – Medicaid**
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	**NEW HAMPSHIRE – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
LOUISIANA – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	**NEW YORK – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	**NORTH CAROLINA – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see "what if I have other health insurance?"] Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	**OREGON – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	**WASHINGTON – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

NOTES:

NOTES:

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Gallagher

Insurance | Risk Management | Consulting